

tion of treatment strategies according to national HIV treatment guidelines. In addition to education programs for behaviour change towards HIV/AIDS, future studies should focus in the comparison of the management options for HIV infection in the different treatment centers throughout Cameroon.

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#### A case report: Rapid improvement of neurological symptoms following antiretroviral therapy in HIV encephalopathy presenting as hydrocephalus

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**Background:** Neurologic disorders associated with HIV consists of two principal groups. One group is the opportunistic infections, and the other is the primary HIV encephalopathy. The diagnosis is one of exclusion, and neurologic disorders including opportunistic infection of CNS before HIV encephalopathy is diagnosed. We report a rare case of HIV encephalopathy in which evaluation of subacute nonobstructive hydrocephalus, led to the initial diagnosis of HIV-1 infection.

**Methods:** Patient presentation: A 44 year old previously healthy man presented with a two month history of increasing gait difficulties, memory dysfunctions and alalia. A brain MRI revealed enlarged ventricles without any white matter abnormal signals. CSF was abnormal with lymphocytic pleocytosis of 193 cells/mm<sup>3</sup>, increased protein count of 166 mg/dl and normal glucose count. The cause of the hydrocephalus and the pleocytosis remained unclear, but during this evaluation a borderline leucopenia (3.900 cells/mm<sup>3</sup>) and his homosexual activity prompted HIV testing. A HIV-1 antibody test was positive with a serum viral load of 150,000 copies/mm<sup>3</sup> and his CD4-cell count was 145.

**Results:** Based on the clinical presentation, the diagnosis of subacute meningitis was made. Subsequent CSF showed concurrent opportunistic infection of CNS, but serum testing for cryptococcus, CMV, toxoplasmosis, treponema pallidum, and fungi were negative. There was no radiological or cytological evidence of CNS lymphoma. A presumptive diagnosis of tuberculosis meningitis was made, and treatment with first line anti-TB drugs commenced. Two months after the initiation of anti-TB therapy his neurocognitive impairment continued. The presence of CSF pleocytosis was thought to reflect inflammatory component in HIV encephalopathy. The patient was then started on combination antiretroviral therapy (ART). A dramatic clinical improvement occurred within a few weeks since beginning ART. Improvement of neurocognitive function was paralleled by a decline in CSF and plasma serum HIV-1 RNA levels.

**Conclusion:** CSF pleocytosis without any abnormal radiological image can occur in an unusual form of HIV encephalopathy. If studies for HIV-related opportunistic neurological infections were negative, HIV encephalopathy must be suspected in hydrocephalus with pleocytosis in cerebrospinal fluid. The initiation of ART is the only way to improve patient's neurocognitive impairment.

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#### Managing the anti-retroviral therapy supply chain of Inter Religious Council of Uganda (IRCU) with leveled funding for five years

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**Background:** In Uganda, it is estimated that about 180,974 of the 357,000 patients estimated to be in need of ART are accessing it (MOH 2009). Inter-Religious Council of Uganda (IRCU) is a Faith Based Organization offering palliative care and ART services to 19 Faith Based Health facilities (FBOs) using the Faith Based Approach. Anti-Retroviral Drugs (ARVs) are some of the supplies which IRCU provides to the FBOs. An assessment was done to determine the means of scaling up clients on ART with the leveled funds from USAID (2010 – 2014).

**Methods:** This was a situational analysis which was both qualitative and quantitative so as to give strategic direction to the organisation's HIV/AIDS program. IRCU management, senior religious leaders in Uganda, donors and partners were involved in consultations/assessment which was aimed at determining ways of scaling up IRCU HIV/AIDS program with levelled funds.

**Results:** Services offered by FBOs are HCT (19), HBC (18), septrin prophylaxis (19), treatment of OIs (17), TB/HIV (15), PMTCT (14), sexual reproductive health (16), Paediatric & adult ART services (14). Changing from branded to generic medicines to save costs in procurement; use of MOH treatment guidelines by all FBOs; maintaining most clients on first line regimen; integration by working with MOH systems at FBO sites to reduce on infrastructure, human resource and systems costs; Partnership with other organizations to foster continuum of services; regular training, mentoring and coaching for health workers; and also involving PHLAs in service delivery. As a result, 12,069 clients are on ART and of these 98% are on first line regimens.

**Conclusion:** In order to achieve scale up within the limited funding, a variety of factors namely: market prices, staff training, an effective and efficient drugs logistics and supply chain management systems, M&E systems, donor flexibility, partnerships have to be in place and have to work.

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